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WILLIAM T FUJIOKA
Chief Executive Officer

August 6, 2007

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

STATUS REPORT ON THE COUNTYWIDE ENHANCED SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES PLAN (ITEM NO. 47, AGENDA OF AUGUST 7, 2007)

Item Number 47 on your Board's August 7, 2007 agenda relates to a report from my office on the implementation timeline and financing options for the modified Countywide Enhanced Specialized Foster Care Mental Health Services Plan (County Plan). The County Plan was initially presented to your Board for approval on July 17, 2007. On that date, your Board continued action on the County Plan, pending receipt of my report.

As indicated on the August 7, 2007 agenda, we are requesting a two-week extension to August 21, 2007, in order to complete our analysis of the financing components developed by the Departments of Children and Family Services (DCFS) and Mental Health (DMH) and the timeline for implementation during 2007-08.

In the interim, we wanted to provide a status report on the Departments' implementation, as further instructed by your Board, of those portions of the County Plan that do not require budgetary changes. At this time, DMH is proceeding with implementation of 474 slots of intensive in-home services in Service Areas 1, 6 and 7, which were included in Phase I of the Enhanced Specialized Foster Care Mental Health Services Program. These consist of the following programs: Multidimensional Treatment Foster Care (MTFC) (80 slots), Multisystemic Therapy (MST) (80 slots), and the Comprehensive Children's Services Program (CCSP) (314 slots), that includes other evidence-based treatment approaches for children in foster care. In addition, the Multidisciplinary Assessment Team (MAT) is being implemented in Service Area 1.

As of our latest review, the total estimated annual cost for the enhanced services in the County Plan, including the additional staffing, services and supplies, and contractor costs for DMH and DCFS is $86.8 million, reduced slightly from the estimate of $90.3 million included in our earlier Board letter. These costs are anticipated to be partially offset with Early and Periodic Screening, Diagnosis and Treatment (EPSDT) State General Funds (SGF), EPSDT - Financial Participation (FFP) Medi-Cal, and Intrafund Transfer from the Department of Children and Family Services (DCFS). The annualized total net County cost (NCC) impact is projected to be $33.2 million when these services are fully implemented. As indicated above, we are continuing to work with DMH and DCFS staff to confirm the implementation timeline and to identify FY 2007-08 pro-rated costs, including the associated staffing needs, related services and supplies costs, and contractor costs. These estimates, along with an implementation timetable and financing options will be included in our report which we anticipate submitting to your Board by August 14, 2007, in advance of the scheduled August 21, 2007 meeting.

If you have any questions or need additional information, please contact me, or your staff may contact David Seidenfeld of my staff at (213) 974-1457 or via email at dseidenfeld@ceo.lacounty.gov.

WTF:SRH:SAS
DRJ:DS:bjs

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PATRICIA S. PLOEHN, LCSW
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January 16, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW, Director
Department of Children and Family Services

Marvin J. Southard, D.S.W, Director
Department of Mental Health

BOARD MOTION #07-508 RE. QUARTERLY REPORT: ENHANCED SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES CORRECTIVE ACTION PLAN

On August 21, 2007, when approving the Countywide Enhanced Specialized Foster Care Mental Health Services Corrective Action Plan (CAP), your Board requested the Directors of the Departments of Mental Health (DMH) and Children and Family Services (DCFS) to provide quarterly reports to your Board for the monitoring and tracking of the components of the CAP.

This is our first quarterly update, which highlights the progress in regards to the *Plan Modifications,* included in the CAP. The CAP represented the County's response to a November 2006 "Findings of Fact and Conclusions of Law Order" issued by the Honorable Howard A. Matz in the Katie A. lawsuit. The status of our progress in implementing the CAP is provided on the following subject areas:

- Screening and Assessment of Class Members
- Hiring of DCFS and DMH Staff
- Provision of Intensive Home-Based Mental Health Services
- Expansion of Wraparound
- Training Mechanisms Related to the Plan
- Impact of the Title IV-E Waiver on the Plan
- Tracking Indicators
- Exit Criteria and Formal Monitoring Plan

Screening and Assessment of Class Members

In order to handle the additional screening requirements of the CAP, DCFS has established a plan to transfer the task of completing the California Institute of Mental Health (CIMH) Screening Tool (Tool) to DCFS Children's Social Workers (CSWs). The Tool is currently being completed by the Medical Hubs. As has been previously highlighted to your Board, the Tool can be utilized by individuals who are not trained in the field of mental health, completed in a brief period of time, and implemented with very little training. The Union has been made aware of the plan to have the CSWs complete the Tool and their representatives have raised issues/concerns. DCFS is in the process of developing policy and procedures and a training module on use of the Tool. At the time that a package of policy and procedures and a training module is developed, DCFS will present and discuss these items with the Union, and will address the issues and concerns they have identified.

Hiring of DCFS Staff

Pursuant to existing County policy, DCFS has to obtain hiring authority from the CEO for the additional staff approved by your Board for expansion of the MAT Program. The Program is a major component of the CAP. The MAT Program provides assistance in meeting the CAP requirement of providing mental health services for DCFS- served children who are eligible for services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and who have emotional and behavioral problems that qualify for individualized mental health services provided through this Program.

In December 2007, DCFS submitted the required documentation to the CEO, for the staff who is targeted for hiring in Phase I. Subsequently, DCFS has selected two candidates to fill two of the positions approved for hiring in Phase I. Progress will continue towards hiring the additional staff in Phase I. In addition, DCFS is in the process of completing the required documentation to hire the targeted staff in Phase II.

In addition, hiring requests have been submitted for one Division Chief, one CSA II, one CSA I, one Senior Secretary III, and two STCs, to implement a DCFS Katie A. Program infrastructure. The Division Chief will oversee the Katie A Program, including oversight of the MAT Program, within the Office of the Medical Director.

The CSA II, CSA I, and Senior Secretary III, will report directly to the Division Chief. One STC will also provide clerical support within the Division Chief's office and will report directly to the Senior Secretary III. The other STC will report directly to the CSA II.

A CSA I is expected to be hired by February 2008, to assist the DCFS Out of Home Care Program Manager for Intensive Treament Foster Care (ITFC) and

Multidimensional Treatment Foster Care (MTFC) to provide technical assistance and monitor the provider agencies to insure that this specialized program meets Department standards and the expectations of the CAP.

The enhanced DCFS staffing for the clinical review system in the CAP, the Resource Management Process, have been posted and interviews will begin in January. Thirteen CSWs, two SCSWs, one Staff Assistant II, and one STC will be hired and trained by March 2008 to utilize the Child and Adolescent Needs and Strengths (CANS) tool to do placement-level assessments at Team Decisionmaking Meetings (TDMs).

For the Wraparound Services expansion, we are canvassing the lists for the six CSA I items (four have been selected), one Staff Assistant II, one STC, and two Intermediate Typist Clerks (ITCs). We are interviewing for the seven CSWs and the one SCSW; a Secretary III has been selected and it is expected to have these positions filled by February 2008.

Hiring of DMH Directly Operated Staff

The CAP also anticipated that DMH would hire, in November and December, 2007, eight staff related to infrastructure for the MAT Program, three positions for the Child Welfare Division, 10 posiitons for coordination of treatment for children placed in Foster Family Agencies, three positions for augmentation of the countywide D rate program, 17 positions for expansion of the Wraparound Program, and 15 staff for infrastructure for training (two positions), information management (four positions), and service area administration (nine positions) for the Specialized Foster Care programs.

Duty statements for these requested positions were finalized by October 31, 2007, and meetings between DMH and CEO staff were held on November 8, 15, and 20, 2007, to review these positions and their duties. The CEO staff anticipates issuing preliminary allocations of positions in this month and the revised timeline for hiring of staff will begin in February 2008.

Provision of Intensive Home-Based Mental Health Services

Contracting out for mental health services described in the CAP is dependent on the completion of the work of several recently formed workgroups, and the development of a strategic plan for the implementation of intensive in home services. Since the CAP was approved by your Board, we have engaged in a series of meetings with the members of the Katie A Advisory Panel, plaintiff's attorneys, and County Counsel. As discussed further below under the section for "Exit Criteria and Formal Monitoring Plan," the purpose of the meetings has been to work through several overarching issues related to the County's obligations under the Settlement Agreement, particularly related to the provision of intensive in home services for members of the class. While these meetings have been very productive and have clarified the work needed to be done to

comply with the terms of the Settlement Agreement; they have also made it necessary for us to reconsider some of the elements of the CAP.

Specifically, the CAP provided for approximately $26 million to be used for contracted mental health services for children and youth identified as needing such services as a result of the MAT process, and for those children in Voluntary Family Maintenance (VFM), Voluntary Family Reunification (VFR), and Family Maintenance (FM) status, as well as children in Foster Family Agencies (FFAs). It is now apparent that these services will need to be more clearly articulated as intensive in home services consistent with a set of practice principles, the deployment of child and family teams, and the establishment of well-defined and flexible treatment strategies. Consequently, we have engaged the services of a consultant to facilitate discussion of these issues and a set of workgroups have been formed to develop detailed plans related to service definitions, contracting and financial issues, and caseload reduction. The Advisory Panel has also recommended that the County visit several programs in Arizona that are models for the type of services that are envisioned, and we are currently making plans for this trip in February.

We have identified three agencies approved by the State to provide Intensive Treatment Foster Care (ITFC). Each agency will be developing capacity to serve 24 children. DMH is in the process of amending the mental health contracts of these agencies and preparing a Board letter to support the mental health services required for these ITFC programs. The three agencies that are using the ITFC model are: Olive Crest FFA, Five Acres FFA, and Foster Family Network FFA.

The ITFC providers have adopted the standards and practices of the national Foster Families Treatment Association as a program model. Their therapists will be trained by CIMH in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based practice. Their foster parents and support staff will be trained in a trauma-informed approach.

The ITFC/MTFC Master Contract was approved by your Board on December 4, 2007, and DCFS has proceeded with executing the contracts, since all the providers' signatures have already been obtained. The agencies have begun the recruitment and training of ITFC foster families.

DMH has completed the initial contract amendments for the two identified Multidimensional Treatment Foster Care (MTFC) providers and is now in the process of developing additional contact amendments related to the CAP. The two MTFC providers, Hollygrove-Eastfield Ming Quong FFA, and Children's Institute International FFA, will develop a total capacity to serve 60 children. The MTFC providers will also be attending a week-long training by TFC Associates, Inc. in Eugene, Oregon (the national MTFC training and certification organization) during the last week of January, 2008. In addition, we are in the process of developing an ITFC/MTFC procedural manual that

will explain the programs and goals as well as define the selection criteria and referral process for children.

Finally, three Multisystemic Treatment (MST) providers have already been identified and are now implementing these services. DMH is in process of amending their contracts consistent with the provisions of the CAP and will return to your Board for approval.

Expansion of Wraparound

The Wraparound census reached 1,079 children enrolled as of November 30, 2007. Wraparound continues to demonstrate positive outcomes for children and families and is well on course to meet the Katie A. settlement agreement expansion to 1,217 children enrolled by June 2008. The Wraparound liaisons in the DCFS regional offices are conducting outreach to the case carrying CSWs with children in RCL 12 and above group homes to identify children to enroll, in keeping with DCFS's emphasis on utilizing residential treatment as a short term intervention. With the enhanced staffing, we will be able to keep office and program specific logs on referrals from different placement settings, denials, enrollments, disenrollments by reason type, and graduations, enabling us to manage the census when we reach the cap of 1217 slots, which could occur by April or May 2008.

Training Mechanisms Related to the Plan

Our Departments have established and maintained an ongoing Training Oversight Group to implement and monitor the training aspects associated with the CAP. Current operational planning and oversight by this Group is focused on: design and implementation of required/requested cross training for DMH and DCFS staff in offices with co-located staff (basic/initial, advanced, and specialized); and providing initial team-building training to cross system staff/provider constituents (i.e. DMH, DCFS and contracted DMH providers). Designing and delivering training, as needed and in multiple formats, will be provided to support broad-based implementation of the CIMH Tool (0-5, 5-Adult). DCFS and DMH will work jointly to establish the means to capture feedback related to all delivered training.

Impact of the Title IV-E Waiver on the Plan

DCFS is ensuring coordination between the Waiver activities and the CAP. In the first sequence of reinvestment of flexible funding under the Waiver capped allocation, DCFS has begun implementing three priorities. We are bringing on 14 additional TDM facilitators to do Permanency Planning Conferences for children in group homes, and 8 individuals have already been selected.

Two Permanency Units, who with reduced caseloads of 24 will handle the highest need youth without durable family connections, have been established at the Metro North

and Pomona offices. Staff have been selected and begun training on permanency for older youth. Introductory training has been completed for all staff in the Pomona office and will be completed for Metro North in early 2008. A training plan is underway to provide specialized training on family finding and engagement and working with older youth on attachment, grief, loss and building relationships. Policy and procedures for the specialized units will be finalized in January, and a third office, Santa Clarita, has been identified for rollout in 2008.

Upfront Assessments for high risk families for mental health needs, substance abuse and domestic violence are planned for initial rollout though the Compton office and the Emergency Response Command Post. These activities are consistent with the four obligations of the Katie A. Settlement Agreement, and DCFS will provide an update on the Waiver implementation plan to your Board in January 2008.

Tracking Indicators

The following activities have been implemented by our Departments:

- DCFS-DMH match on the DCFS Entry Cohort population (CY 2002, 2003, 2004 and 2005)

- Point in Time reports from January 2003 to June 2007

- Received the Service Records for matched clients that include the initial DMH service date and the DMH discharge date. This service record dates provide DCFS the ability to identify DCFS Cohort cases who received:

- Continuous DMH Services - includes cases whose DMH initial service date is prior to the DCFS case start date and the DMH discharge date during or after the DCFS case.

- DMH services within 60 days - includes cases whose DMH initial service date is within 60 days after the DCFS case start date and the DMH discharge date during or after the DCFS case.

- DMH services from 61 to 180 days - includes cases whose DMH initial service date is 61 to 180 days after the DCFS case start date and the DMH discharge date during or after the DCFS case.

- DMH services over 180 days from case opening includes cases whose DMH initial service date is over 180 days after the DCFS case start date and the DMH discharge date during or after the DCFS case.

- Finalized the Cohort Data Analysis that will include the variable on the timeliness of DMH Services and how it affected the Outcome Measures.

- Finalized the Cohort Data Analysis that will include the variable on the timeliness of DMH Services and how it affected the Outcome Measures.

Exit Criteria and Formal Monitoring Plan

Since your Board approved the CAP, we and County Counsel have regularly met with the Panel and Plaintiffs' Attorneys. These meetings are held in a good-faith attempt to resolve remaining areas of dispute and to develop mutually acceptable exit criteria for presentation to the Court. The meetings are currently scheduled to continue until March 2008 and are expected to result in the production of a jointly-prepared strategic planning document outlining the direction our Departments intend to follow over the next several years to meet the needs of the plaintiff class; children in need of mental health services and who have contact with the County's foster care system.

The meetings so far have been fruitful and have promoted a common understanding of the reforms which need to be achieved and the barriers which must be overcome. Importantly, the Panel and the Plaintiffs seem to agree that sufficient resources have now been committed by the County to allow for compliance with the obligations of the Settlement Agreement. The County is learning how these resources may be fashioned into a program which will lead not only to satisfaction of the Settlement Agreement, but to first-rate mental health services to the subject children. The development of such a program is rife with challenges but at the highest levels, our Departments are fully committed to this endeavor.

In the near future, we are planning visits to other jurisdictions identified by the Panel and Plaintiffs' Attorneys where similar system-transformations have occurred. We also expect to incorporate into our planning lessons learned from the services already deployed as a result of the Countywide Enhanced Specialized Foster Care Mental Health Services Plan (Plan). And, we will continue to discuss with the Panel and Plaintiffs how to best arrange the various resources already allocated by your Board.

In addition to regular updates such as this, we plan to return to your Board for direction on, and approval of, areas where proposed service arrangements deviate from those described in Plan and the CAP. We will also continue to work with County Counsel to apprise the Court of the County's progress and to mitigate the possibility of negative Court actions.

If you have any questions or need additional information, please call us, or your staff may contact Dr. Charles Sophy at (213) 351-5614.

PSP:SK:CS:LP:cr

c: Chief Executive Officer
Executive Officer, Board of Supervisors
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June 12, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
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From: Marvin J. Southard, D.S.W.
Director of Mental Health

Patricia S. Ploehn, L.C.S.W.
Director of Children and Family Services

BOARD MOTION #07-508 RE: QUARTERLY REPORT: ENHANCED SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES CORRECTIVE ACTION PLAN

On August 21, 2007 your Board approved the Countywide Enhanced Specialized Foster Care Mental Health Services Corrective Action Plan (CAP) which represented the County's response to a November 2006 "Findings of Fact and Conclusions of Law Order" issued by Federal District Court Judge Howard A. Matz in the Katie A. v. Bonta lawsuit. At that same time, your Board instructed the Directors of the Departments of Mental Health (DMH) and Children and Family Services (DCFS) to provide quarterly reports to the Board for the purpose of monitoring and tracking the implementation of the components of the CAP. The first report was submitted to your Board on January 16, 2008.

This second quarterly report will discuss two CAP-related issues, including the establishment of an oversight structure to facilitate the implementation of the CAP and the work that is taking place to develop a Strategic Plan, and will highlight the County's progress in achieving the *Plan Modifications* described in the CAP, including:

- Screening and assessment of class members
- Provision of Intensive Home-Based Mental Health Services
- Impact of the Title IV-E waiver on the plan
- Data Management and Tracking indicators
- Exit criteria and formal monitoring plan

Governance/organizational structure for CAP implementation

Under the Board of Supervisors' leadership and direction, The Chief Executive Office (CEO) along with the Departments of Children and Family Services and Mental Health are committed to ensuring that the obligations of the Katie A. Settlement Agreement executed in 2003 are fulfilled expeditiously. Chief Executive Office staff has developed a new, joint oversight structure between the Children and Families Well-Being and Health/Mental Health service clusters to implement the Board's directive, which will result in improved centralized management and coordination. The hiring delays for positions identified in the CAP along with the slow expenditure of funds identified for therapeutic foster care services are examples of the issues being addressed by the enhanced oversight and coordination put in place by the CEO.

The structure is attached for your review. As you can see, it incorporates four tiers of oversight to ensure compliance with the CAP. Once a month, cluster leadership will meet with the identified department heads to discuss policy issues related to funding, staffing, and service delivery. The departmental managers overseeing the development of the strategic framework for complying with the CAP have instituted set meeting schedules on a bi-monthly basis and formed focal workgroups to implement the various plans. In addition, the CEO has appointed a dedicated liaison to provide the ongoing coordination required to move this effort forward. One of our first accomplishments was to expedite the allocation of 101 positions to Mental Health, previously delayed in classification processing.

This oversight structure will execute the Board's vision in relation to Katie A. and provides an effective first step in addressing the hiring barriers and other impediments prolonging the involvement of the Court-appointed Advisory Panel. This new structure will promote accountability and the fulfillment of the Settlement Agreement and, more importantly, the implementation of a mental health continuum specifically designed to address the multi-faceted needs of children in the County's child welfare system.

Strategic Plan Development

In March of this year, the County developed a set of strategic planning templates outlining goals and objectives that incorporate elements from the Katie A. Settlement Agreement, the Enhanced Specialized Foster Care Mental Health Services Plan (Plan), and the CAP. A set of organizing principles and program design characteristics including timeliness of response, cultural competencies, the use of a team approach to identifying the child and family's needs and strengths, and the provision of intensive home-based services and supports are guiding the planning for providing mental health services to children in foster care.

The County is currently compiling these templates into one project plan that identifies goals, tasks, goal leads, and timelines for the individual tasks that roll-up to the overarching goals. The strategic plan will be organized into seven main goals that span

mental health screening/ assessment, mental health service delivery, funding, training, caseload reduction, tracking of indicators, and exit criteria/formal monitoring plan. Managers developing the plan currently envision a five-year timeline to reform the child welfare and mental health systems. Revisions to the CAP will be piloted in SPAs 1, 6, and 7 in the fall of 2008 and evaluated using a Qualitative Services Review (QSR) to objectively demonstrate that the County has complied with the provisions of the Settlement Agreement. Any modifications informed by the pilot would be implemented before the Countywide rollout is initiated in incremental stages beginning in the summer of 2009. At this point, the Court-appointed Advisory Panel would begin to phase out as their primary responsibility transitions from strategic plan development and implementation to program monitor. A rough draft of the project plan has been developed and will be finalized at the start of fiscal year (FY) 2008-09. The detailed project plan and accompanying strategic plan will provide a central reference and the overall vision for tying the Settlement objectives, Plan, and the CAP together, which will guide all planning and implementation activities for delivering mental health services to children in foster care.

Screening and Assessment of Class Members

The mental health screening and assessment of Katie A. class members was an integral element of the initial Enhanced Specialized Foster Care Mental Health Services Plan as well as the CAP. A number of inter-related activities and structures are being created or enhanced to support this important component.

Family-Centered Services (FCS) Coordinated Screening and Assessment Team (CSAT) and Referral Tracking System

As a result of the recent Katie A. strategic planning work, the Family-Centered Services (FCS) Coordinated Screening and Assessment Team (CSAT) and Referral Tracking System is an initiative developed to ensure prompt screening, assessment and treatment for child-needs driven, family-centered services. Above all, the CSAT seeks to coordinate, structure, and streamline existing programs and resources.

The CSAT and Referral Tracking System will accomplish the following specific objectives:

1. Utilize a single, referral process regardless of the entry point by which children and families enter the child welfare system, be it court-ordered or voluntary;
2. Condense existing forms into one standardized, universal screening application/form;
3. Implement an automated referral and tracking system to track referrals, capacity, utilization and service need by geographic location;
4. Integrate existing staff and program resources into unified, management and navigation teams that work efficiently in consultation with the Children's Social Worker (CSW), child, family, and their team;

5. Remove unnecessary bureaucratic layers of service authorization (i.e., DCFS Wraparound Liaisons will link children approved through the TDM process directly to Wraparound providers, eliminating the need for CSWs to attend a separate meeting to gain service authorization);
6. Increase ability to rapidly and thoroughly identify needs and deploy resources/services;
7. Maximize utilization of existing and future resources and programs.

For the most part, existing resources within each DCFS Regional Office will form Coordinated Screening and Assessment Teams (CSATs) which will respond to electronic needs-based referrals generated by CSWs. The CSATs will work collaboratively with the CSWs, providing their expertise regarding program options and eligibility, to link children and families for appropriate services, and enter the results into the FCS Referral Tracking System. The creation of the CSAT aligns existing DCFS and DMH regional, non-line staff to rapidly receive referrals through the FCS system to follow-up and ensure the most appropriate service linkage. The CSAT will be located in each regional office and will serve as the entry portal for service linkage and will act as system experts or navigators. The CSAT will help to promote the larger systems change required to effectively screen, assess, provide, and track services to children in foster care that is envisioned in the Katie A. Settlement Agreement.

Additional staffing positions will be required to effectively manage and structure the workflow and collaboration of the CSAT members. The numbers will be finalized early in the next fiscal year along with the Strategic Plan. The CSAT will be piloted first in SPAs 1, 6 and 7 before being implemented Countywide. DCFS anticipates an October 2008 start date.

Medical Hubs

The Medical Hub Program, an interdepartmental initiative of the Departments of Children and Family Services (DCFS), Health Services (DHS) and Mental Health (DMH), is in its second year of formal operation. This Program ensures that children at high risk for health and mental health problems receive a thorough and comprehensive initial medical examination, including age-appropriate developmental and mental health screenings, and a forensic evaluation if deemed appropriate when there is an allegation of physical or sexual abuse. The target or primary population of the Medical Hub Program is newly detained court cases and non-detained cases with an open child abuse investigation.

For fiscal year (FY) 2007-08, the newly detained population targeted to be served by the Hub Program has averaged 761 new court detentions per month (July 2007 – March 2008). Approximately 61% (464 per month) of the target population has received an initial medical exam at a Medical Hub. For those children who are not served at a Medical Hub, CSWs follow DCFS policy and procedures to ensure that providers in the community meet the required timeframes for the child to receive the initial medical

exam. The goal of DCFS is to continue to build capacity so that 100 percent of this population is served by the Hubs. Plans for bringing up the Satellite Hub in El Monte are currently underway and a timeline for doing so will be developed and presented to the Board in the near future. At the Olive View Medical Center Hub, preliminary design documents have been completed for the renovation and expansion of the hub, so that more children can be served at this site.

All newly detained children and children referred to a Hub for a forensic exam are screened for mental health problems, after which the positive Mental Health Screening Tools (MHSTs) are forwarded to the DCFS office for mental health assessment and treatment as needed. From July 2007 to March 2008, 7,006 DCFS involved children were screened using the MHST. Of that population, 2,978 screened positively for mental health problems, a rate of 42.5 percent.

Multidisciplinary Assessment Team (MAT)

Currently, approximately 60 percent of all newly detained children in SPAs 3 and 6 are assessed through MAT. Once the DCFS Command Post staff is trained, MAT assessments should significantly increase in SPAs 3 and 6 to 100 percent of newly detained cases. According to MAT Provider agencies, between 70 – 85 percent of assessed children meet the medical necessity requirements of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for mental health treatment. The number of MAT referrals continues to grow as more CSWs learn about and understand the benefits of the MAT assessment. To date, over 1,100 children have been assessed through the MAT program.

The CAP called for the expansion of the MAT programs to SPAs 1 and 7 this fiscal year, with Countywide expansion of the program in FY 2008-09. Recently, new dedicated DCFS MAT coordinators have been hired in SPAs 1, 3, 6 and 7. DCFS MAT coordinators for SPAs 2, 4, 5
and 8 will be hired by June 30, 2008. DMH has hired MAT infrastructure support items identified in the CAP in SPAs 3, 6 and 7, while SPA 1 continues to recruit these positions. MAT training of prospective providers took place in SPA 1 in May of this year. A convening of prospective MAT providers is scheduled to take place in SPA 7 later this month. It is anticipated that MAT providers will be identified in SPAs 1 and 7 early in FY 2008-09 and that contracts will be amended to support the MAT services and training provided within the first quarter of the fiscal year.

D-Rate Assessments

DMH and DCFS employ D-rate case managers and D-rate evaluators who provide ongoing oversight of the service provision to the almost 2,000 children placed in D-rate homes. Their efforts have succeeded in improving access to mental health services for children in these placements. The D-Rate Section provides assistance to CSWs in identifying and assessing special needs children by ensuring that the caregiver's home

meets the child's needs and that all special needs children receive timely and appropriate services in accordance with the provisions of the Katie A. Settlement Agreement. Each child's case is reviewed/recertified every six months to evaluate progress, revise goals, and modify treatment provision as indicated. A team composed of the CSW, DCFS D-rate Evaluator, DMH Medical Caseworker and other persons involved in the child's treatment plan (caregiver, child, teacher, doctor, etc.) develop a plan to determine the appropriate foster home, related requirements and expectations of the caregiver, and treatment modalities responsive to the results and recommendations of the D-rate assessment.

The CAP increased the DCFS D-rate staffing allocation from ten (10) to fourteen (14) D-rate Evaluators, augmented by five (5) new DMH positions to support D-rate activities. All of these staff positions have been hired. DMH has improved its processing time for initial D-rate assessments, and DCFS has followed up on these initial assessments with clinical reviews of the child's status and efficacy of mental health treatment for these children every six months. Currently, over 90 percent of children in D-rate placements are receiving mental health services.

Resource Utilization and Management Process

The CAP describes the development of a Resource Utilization and Management Process (RMP) to improve the coordination of service delivery, utilization, and monitoring, particularly for those children in or at risk of placement in congregate care. The proposal called for the staffing of specialized Team Decision Making (TDM) meetings by dedicated DMH and DCFS staff, employing a structured decision making process, with an emphasis on identifying alternatives to congregate placement that would meet the unique needs and strengths of children and their families.

To date, DCFS has hired 9 of the 17 requested positions, while DMH has hired 4 of the 15 positions allocated for this program. Now that DMH has received hiring authority, it is anticipated that all of the staff assigned to the RMP will be hired by the early portion of the first quarter of FY 2008-09. The DCFS Group Home Transition Plan has prompted the RMP to assist in the service planning for those children residing in group homes that did not meet the February 2008 deadline for contract renewals. Existing DCFS and DMH staff, along with newly hired RMP staff has been trained in the use of the Child and Adolescent Needs and Strengths (CANS) tool by the developer, John Lyons, Ph.D., with additional train-the-trainer opportunities scheduled for July. RMP TDMs are now being scheduled to be held over the course of the next two months.

Provision of Intensive Home-Based Mental Health Services

The CAP calls for the expansion of children enrolled in wraparound by 500 slots, a total capacity of 1,217 for the program, by June 30, 2008. Currently, 1,161 children are enrolled in wraparound and it is anticipated that the targeted wraparound capacity will be achieved in June. DMH contract providers in SPAs 6 and 7 are providing several

evidence-based intensive in-home services model, including Multisystemic Therapy, and the Comprehensive Children's Services Program, dedicated to children and families in the child welfare system. Currently, capacity exists to provide these services to 319 children. At this time, 260 children are enrolled in these programs, leaving unfilled service capacity for an additional 59 children. An additional
mental health contract agency has been identified to provide 75 more slots of these services in SPA 1. We anticipate that contract amendments and training will take place during the first quarter of FY 2008-09.

The Treatment Foster Care programs, including Multidimensional Treatment Foster Care (MTFC) and Intensive Treatment Foster Care (ITFC) have been slow to develop and, as of the date of this report, capacity exists only to provide these services to twelve children, with five of these slots currently filled. The County has contracts in place with five Foster Family Agencies to provide treatment foster care services, funded to support a total of 132 slots (60 MTFC and 72 ITFC). MTFC training took place in January of this year, while the ITFC providers were trained in Trauma-Focused Cognitive Behavior Therapy in April. The first ITFC and MTFC placements occurred in April. The principal barrier to the development of this important program seems to be associated with difficulties in recruiting and certifying foster families. Now that these programs are operational, we anticipate that they will expand slowly, increasing capacity by roughly 10 slots each month.

An additional contract provider has been identified to provide 20 slots of MTFC in SPA 1. We expect that contract amendments and training for this program will take place during the first quarter of fiscal year 2008-09.

As part of the strategic planning process, DMH and DCFS, in collaboration with panel members, union representatives, county counsel, and plaintiff attorneys, have engaged in a series of retreats, workgroups and discussions regarding the development of a children and family team planning process and intensive home-based services to meet the objectives of the Katie A. Settlement Agreement. Representatives of DCFS and DMH also traveled to Arizona to observe their child and family team process and their use of intensive home-based services, developed there in response to a similar lawsuit. County representatives are also planning a trip to Washington State to meet with State officials and providers regarding their use of a tiered-funding model to support a similar program.

The Katie A. Panel has approved the County's planning document associated with these services prepared by the Child and Family Team Workgroup, and discussions are now taking place regarding various strategies to provide the necessary funding.

Impact of Title IV-E Waiver on the Plan

The Title IV-E Waiver (Waiver) plays an important role in re-programming flexible funding, which will help support key activities mentioned in the CAP by advancing early

intervention, caseload reduction, and permanency planning strategies. Since the Waiver began, Family Team Decision Making (FTDM) and Family Finding and Engagement have been expanded through Specialized Permanency Units in the Metro North and Pomona Offices; 14 additional FTDM facilitators have been selected to conduct permanency planning conferences for children in long term foster care without permanency resources. Upfront assessments for high risk referrals involving substance abuse, domestic violence and mental health issues are being conducted by Shields for Families in the Compton Office to prevent unnecessary foster placement and divert families to expanded Family Preservation services, with future roll-out plans to include additional regional offices as well as the Emergency Response Command Post (ERCP).

Data Management and Tracking of Indicators

The matching of client data, pursuant to the June, 2007 Order of Federal District Court Judge Howard A. Matz, has provided the County with a unique opportunity to identify children in the child welfare system who have received mental health service. DMH and DCFS have provided client data to Urban Research within the CEO, where a sophisticated matching process, so-called "fuzzy matching", has been undertaken. Using the results of this match, DMH has created a Cognos Cube which allows the department to examine a wide variety of client variables (e.g. demographic information, service information, legal status, financial data, etc.) related to the shared clients of the two departments. To date, reports have been prepared which examine trends related to these variables from FY 2002-03 through FY 2006-07. These reports reflect, for example, a significant increase in the number of DCFS involved children receiving mental health services, associated increased expenditures of EPSDT dollars, and relative decreases in inpatient and day treatment expenditures with increased relative costs associated with outpatient mental health services, all positive trends.

Exit Criteria/Formal Monitoring Plan

Departmental staffs have been working closely with County Counsel and are currently in the process of operationalizing exit criteria, which will objectively document that the County has complied with the terms of the Settlement Agreement, Plan, and CAP. Staffs are currently reviewing the Qualitative Services Reviews (QSR) from other jurisdictions under similar child welfare court orders to improve procedural performance and outcomes for children and families. The QSR in many ways is an extension of the Federal Child and Family Services Review (CFSR), which focuses on evaluating improved outcomes for children and families in the areas of: recurrence of maltreatment; incidence of child abuse/neglect in foster care; foster care re-entries; length of time to achieve reunification; length of time to achieve adoption; and stability of foster care placement. QSRs generally encompass two levels of review – child status indicators and system performance. Child status indicators can entail:

- Safety;
- Stability;
- Physical well-being;

- Emotional well-being;
- Learning and development;
- Prospects for permanence;
- Caregiver functioning;
- Family resourcefulness; and
- General satisfaction with care

System performance indicators measure at a minimum:

- Child and family engagement;
- Team coordination;
- Assessment;
- Long-term view;
- Planning;
- Implementation;
- Tracking and adjustment;
- Cultural accommodations;
- Support availability; and
- Overall performance

Based on the research conducted in other jurisdictions, the QSR provides the County with the most objective vehicle for evaluating the County's performance in complying with the Settlement Agreement, Plan, and CAP and eliminates the ambiguity surrounding some of the provisions in the Settlement Agreement, such as providing care and services consistent with good child welfare and mental health practice. A draft QSR is planned to be completed by the end of 2008, so it can be implemented in 2009 to review performance in SPAs 1, 6, and 7 before being launched Countywide.

Should there be any questions regarding the information contained in this report, please contact Olivia Celis, DMH Deputy Director, at (213) 738-2417.

MJS:GL:AO:LB

c: Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel

KATIE A LEADERSHIP STRUCTURE

BOARD OF SUPERVISORS

Executive Level leadership will ensure compliance with the Board of Supervisors directive to ensure that a holistic and integrated vision is developed to provide mental health services to children in the child welfare system.

Executive Leadership (meet monthly)

CEO:
Miguel Santana
Greg Polk
Brian Mahan
Lesley Blacher
Sheila Shima
Loreto Maldonado
David Seidenfeld

County Counsel:
Brandon Nichols

DCFS:
Patricia Ploehn
Dr. Sophy
Ted Myers
Susan Kerr
Lisa Parrish
Adrienne Olson
Michael Rauso

DMH:
Dr. Southard
Robin Kay, PH.D
Olivia Celis
Dr. Arroyo
Greg Lecklitner, Ph.D

Departmental level leadership will ensure that the Katie A Settlement objectives are incorporated in a thoughtful strategic plan, which will identify the continuum of mental health services to be provided to children in child welfare.

Departmental Leadership (meet bi-monthly)

CEO:
Lesley Blacher

County Counsel:
Brandon Nichols

DCFS:
Dr. Sophy
Ted Myers
Susan Kerr
Adrienne Olson
Lisa Parrish
Michael Rauso

DMH:
Olivia Celis
Dr. Arroyo
Greg Lecklitner, Ph.D

Management level leadership will ensure that an implementation plan with deliverables/ timelines and the identification of obstacles and related solutions are addressed in a coordinated plan, which will deliver mental health services, in the most homelike setting appropriate, to children in child welfare.

- Finance Workgroup
  Co-chairs: Susan Kerr & Olivia Celis
- Child and Family Team Workgroup
  Co-chairs: Michael Rauso & Greg Lecklitner, Ph.D
- Caseload Reduction Workgroup
  Co-chairs: Lisa Parrish & Amaryllis Watkins

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PATRICIA S. PLOEHN, LCSW
Director

August 21, 2008

To: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, L.C.S.W.
Director of Children and Family Services

Marvin J. Southard, D.S.W.
Director of Mental Health

AUGUST 21, 2007, ITEM 53, BOARD MOTION RE: QUARTERLY REPORT: ENHANCED SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES CORRECTIVE ACTION PLAN

On August 21, 2007, your Board approved the Countywide Enhanced Specialized Foster Care Mental Health Services Corrective Action Plan (CAP) which represented the County's response to a November 2006 "Findings of Fact and Conclusions of Law Order" issued by Federal District Court Judge Howard A. Matz in the Katie A. v. Bonta lawsuit. At that same time, your Board instructed the Directors of the Departments of Mental Health (DMH) and Children and Family Services (DCFS) to provide quarterly reports to the Board for the purpose of monitoring and tracking the implementation of the components of the CAP. Two updates have already been provided to your Board, on January 24, 2008 and June 16, 2008, with the third update due on August 21, 2008.

Simultaneously, DMH and DCFS, in consultation with the Katie A. Advisory Panel, have developed the Katie A. Strategic Plan to provide a single comprehensive vision for the current and planned delivery of mental health services to children under the supervision and care of child welfare, as well as for those children at-risk of entering the child welfare system. The Strategic Plan provides a detailed road map for the countywide implementation and delivery of mental health services, in fulfillment of the objectives identified in the Katie A. Settlement Agreement, over a five-year period, and acts as the central reference for incorporating several planning efforts in this regard including the following:

- Katie A. Settlement Agreement, 2003;
- Countywide Enhanced Specialized Mental Health Services Joint Plan (Plan), 2005;
- Findings of Fact and Conclusions of Law Order, 2006, issued by Federal District Court Judge Howard Matz regarding the County's Plan; and
- The County's subsequent Corrective Action Plan (CAP), 2007, stemming from the deficiencies cited in the Court's Findings of Facts and Conclusions of Law.

The Strategic Plan is currently being finalized for submission to your Board by September 4, 2008 to be reviewed by your Board on September 16, 2008. The Strategic Plan will be offered for your review in lieu of the quarterly report scheduled for August 21, 2008.

Should there be any questions regarding this matter please contact us, or, your staff may contact Armand Montiel, DCFS Board Liaison, at (213) 351-5530.

PSP: MJS: AO:
GL:LB:dm

c: Chief Executive Officer
Deputy Chief Executive Officer for Children and Families' Well-Being
Deputy Chief Executive Officer for Health and Mental Health
Executive Officer, Board of Supervisors
County Counsel